

DEATH REPORT

Form No. 3 (See Rule 5)

PART-I (Legal information)

(This part to be added to the Death Register)

(To be filled by the informant)

1. Date of Death.....

2. Name of the deceased.....

3. Sex of the deceased.....

4. Name of Father/Husband.....

5. Age of the deceased.....

6. Permanent Address.....

7. Place of Death :
 (1) Hospital/ Institution : Name.....
 (2) House..... Address.....

8. Informant's Name.....
 Address.....

Date..... Signature.....
 or Left Thumb Mark of the Informant

(To be filled by the Registrar)

Registration No. :

Registration Date :

Registration Unit :

Town/Village :

District :

Remarks (if any) :

Name and Signature of the Registrar

DEATH REPORT

Form No. 3 (See Rule 5)

PART-II (Statistical information)

(This part to be detached and sent for statistical processing)

(To be filled by the informant)

9. Town or village of residence of the deceased :
 (a) Name of town / village.....
 (b) Is it a town or village : (Put a mark)
 (1) Town..... (2) village.....
 (c) Name of District.....
 (d) Name of State.....

10. Religion :
 (1) Hindu, (2) Muslim, (3) Christian,
 (4) Sikh, (5) Any other Religion.....

11. Occupation of the deceased.....

12. Type of medical attention received before death:
 (1) Institutional.....
 (2) Medical attention other than institutional.....
 (3) No medical attention.....

13. Was the cause of death medically certified ?
 1. Yes..... 2. No.....

14. Name of disease or actual cause of death.....

15. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy
 1. Yes..... 2. No.....

16. If used to habitually smoke, for how many years ?.....

17. If used to habitually chew tobacco in any form, for how many years ?.....

18. If used to habitually chew arecanut in any form (including pan masala), for how many years ?.....

19. If used to habitually drink alcohol, for how many years ?.....

(To be filled by the Registrar)

Name..... Code No.....

District.....
 Tahasil.....
 Town/Village.....
 Registration Unit.....

Registration No.....
 Registration Date.....
 Date of Death.....
 Sex : 1. Male, 2. Female.....
 Age : Years, months/days, hours.....
 Place of Death.....
 1. Hospital/Institution.....
 2. House.....
 3. Other place.....

Name and Signature of the Registrar